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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1302	200001		CITY	OR TO	WN	UPT	ON		
APPLICATION FOR REN	TEWAL:	Annual		LIC	CENS	SED F	OR 20	)13	
	C	CLASS						YEAR	
LICENSEE NAME: RED DOING BUSINESS A		AR LLC							
ADDRESS 64 A. W.MAIN					_				
CITY/TOWN: UPTON	STAT	E: MA	ZI	P CODE	Ξ:	0150	58		
MANAGER: BERGER,	SHERRY TYPE OF LIC	CENSE: Rest	aurant		CA	ATEG	ORY:	All Alco	ohol
EMAIL ADDRESS:									
PLEASE DESCRIPTION OF LICEN	ALSO VISIT OUR WEBSITE AND E	NTER YOUR EM	AIL ADDI	RESS					
ONE STORY WOOD FRATO EXIT; FRONT ENTRA 3 ROOMS AND CLOSET; CELLAR AND ATTACHI I hereby certify and swear u	ANCE OPENS TO LOU S OFF REAR OF BAR T ED GARAGE	NGE AND I	POOL	AND T	ABL	E ARI	EA; KI	TCHEN,	
•	ense will be of the same t		same n	remises	now	license	ed.		
	complied with all laws of	• •	-						
	e now open for business (				υ		,		
SIGNED BY:	vidual, Partner or Author	rized Corpor	rate Of	ficer					
DATE:	TELEPHONE NUMB	ER:	(1)					TION NUMI	
We the undersigned, atte Acts of 2004, signed by the license and (2) the certification	ne building inspector ar	nd the head	of the	fire dep	partn	nent f	or the	above na	med
Please Check Below:			LOC	AL LIC	ENS	ING A	UTHO	ORITY	
APPROVED:			By:						
DISAPPROVED: (If disapproved explain)									_
(II disupproved explain)									_
									_
DATE:									



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	130200002		CITY	OR TOWN	UPTON			
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR 2013				
		CLASS				YEAR		
LICENSEE NAME:	NIPMUC ROD A	ND GUN CLUB I	NC.					
DOING BUSINESS A	NIPMUC ROD &	& GUN CLUB IN	C.					
ADDRESS FISKE MI	LL RD.							
CITY/TOWN: UPTO	N	STATE: M	IA ZI	IP CODE:	01568			
MANAGER:	TY	PE OF LICENSE:	Club	C	ATEGORY:	All Alcohol		
EMAIL ADDRESS:								
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	UR EMAIL ADD	DRESS		_		
DESCRIPTION OF LI								
FIRST FLOOR; BASE AND EXITS ON FISK ADJOINING, WITH E	E MILL RD, SEC	OND FLOOR; B	ANQUET	HALL KITC				
I hereby certify and sw								
• •	l license will be of		the same p	premises now	licensed;			
2. the licensee	has complied with	all laws of the Co	ommonwea	alth relating t	o taxes; and			
3. the premise	s are now open for	business (If not e	xplain belo	ow)				
SIGNED BY:	T 11 1 1 D 4	A 41 1 1 G	. 0	cc.				
	Individual, Partner	or Authorized Co	orporate O	Hicer				
DATE:				EMDI OVEI		NON NI IMPER.		
DATE.	TELEPHON	IE NUMBER:	(			TION NUMBER: ecurity Number)		
We the undersigned, Acts of 2004, signed l license and (2) the ce	y the building in	spector and the h	nead of the	e fire depart	ment for the	above named		
	tinicate of fiquor	nability insurance	-	-				
Please Check Below: APPROVED:				CAL LICENS	SING AUTHO	ORITY		
DISAPPROVED:	7		By:					
(If disapproved explain	n)							
DATE.								
DATE:								
APPLICATION FOR RENEWA	L MUST BE FILED BY I	ICENSEES DURING TH	HE MONTH OF	F NOVEMBER (N	I.G.L. Ch. 138 \$ 16	5A)		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 130200003 CITY OR TOWN UPTON						
APPLICATION FOR	Annual		LICENSED FOR 2013			
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 16 MILE	A ROSEGARDEN RI	ESTAURANT	AND LOUN	IGE		
CITY/TOWN: UPT	ΓΟΝ	STATE: N	IA ZIP	CODE:	01568	
	MPBELL, TYPE HAEL P.	OF LICENSE	:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS		UR EMAIL ADDR	ESS		
	LICENSED PREMISE ATIO ON THE NORT		F BLDG. Al	ND ON EA	STERN SIDE	OF
2. the licens	yed license will be of the see has complied with a sees are now open for be Individual, Partner o	Il laws of the Cusiness (If not e	ommonweal	th relating t		
			г ,			
DATE:	TELEPHONE	NUMBER:	(N		R IDENTIFICAT	
Acts of 2004, signe	d, attest that we are in d by the building insp certificate of liquor lia	ector and the	head of the f	fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCA By:	AL LICENS	SING AUTHO	DRITY
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 130200004		CITY OR TOWN UPTON				
APPLICATION FOR	R RENEWAL:	Annual	LICEN	013			
		CLASS			YEAR		
LICENSEE NAME:	HERMAN L. ASAM	III					
DOING BUSINESS	A FRESCO'S						
ADDRESS 250 MIL	FORD ST.						
CITY/TOWN: UPT	CON	STATE: MA	ZIP CODE:	01568			
MANAGER: ASAI	M TYPE ERMAN L	OF LICENSE: Ger prei	neral on Comise	CATEGORY:	All Alcohol		
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS		-		
DESCRIPTION OF I	LICENSED PREMISE	ES:					
	EA LOCATED IN CE X 30, ONE FRONT E			X 50 X 30, AD	JACENT		
I hereby certify and s	wear under penalties o	f perjury that:					
1. the renew	ed license will be of th	e same type for the	same premises nov	v licensed;			
2. the license	ee has complied with a	ll laws of the Comn	nonwealth relating	to taxes; and			
3. the premis	ses are now open for b	usiness (If not expla	in below)				
SIGNED BY:	Individual, Partner o	r Authorized Corpo	rate Officer		ì		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT			
Acts of 2004, signed	d, attest that we are in d by the building insp certificate of liquor lia	ector and the head	of the fire depart	tment for the	above named		
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY		
APPROVED:			By:				
DISAPPROVED:	• >						
(If disapproved expla	ain)						
DATE:							



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	130200006		CITY OR TOV	VN UPTON	
APPLICATION FOR	RENEWAL:	Annual	LIC	013	
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 10 MAIN	ST				
CITY/TOWN: UPTO	ON	STATE: MA	ZIP CODE	: 01568	
MANAGER: HALN A.	ION, BETSY TY	PE OF LICENSE: Pa	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMI	SES:			
3 STORY COLONIA HAS ONE OUTSIDE ROOM FOR STORAG ENTRANCE. 2ND FI	ENTRANCE. MA GE. LARGE ROOM	IN FLOOR IS ONE M IS STORE WITH	LARGE ROOM MAIN ENTRAN	WITH SMALL: ICE AND SIDE	
2. the licenses	e has complied with	the same type for the a all laws of the Com- business (If not exp	monwealth relati		
SIGNED BY:	Individual, Partner	r or Authorized Corp	oorate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICAT ☐ Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICI	ENSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	13020007		CITY OR IC	OWN OPTON	
APPLICATION FOR I	RENEWAL:	Annual	L	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: 1 DOING BUSINESS A	_				
ADDRESS 125 MAIN	ST				
CITY/TOWN: UPTO	N S	TATE: MA	ZIP COD	E: 01568	
MANAGER: LE CL	AIRE,NANCYTYPE OF	LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISES:				
	2-STORY BLDG; MAIN Γ./EXITS TO MAIN ST				LIVERISE
3. the premise: SIGNED BY:	has complied with all last are now open for busin	ess (If not expl	lain below)	ting to taxes; and	
DATE:	TELEPHONE NU	MBER:		OYER IDENTIFICA  T Individual Social	
Please Check Below: APPROVED:			LOCAL LIG	CENSING AUTH	ORITY
DISAPPROVED:			<b>J</b> .		
(If disapproved explain	)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 130200008		CITY OR TO	WN UPTON	
APPLICATION FO	OR RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAMI DOING BUSINES					
ADDRESS 6 MIL	FORD ST				
CITY/TOWN: UI	PTON	STATE: MA	ZIP COD	E: 01568	
MANAGER: HA	NEY, KEVIN	TYPE OF LICENSE:P	ackage Store	CATEGORY:	: All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION O	F LICENSED PI	REMISES:			
		ING OF TWO AREAS. F OF BLDG;BASEMENT U			•
2. the lice	nsee has complie mises are now op	be of the same type for the d with all laws of the Coren for business (If not experiment or Authorized Cor	nmonwealth rela		
DATE:	TELE	PHONE NUMBER:		OYER IDENTIFICA  T Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	Dlain)		LOCAL LIG	CENSING AUTH	IORITY
DATE:					